

2010 Bible Creek Hillclimb Entry Form

(Please print legibly)

Driver #1

Name _____ Home Phone # (____) _____ Age _____

Address _____ City _____ State _____ Zip _____

Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____

E-mail _____ Cell/Mobile Phone # (____) _____

Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____

Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name _____ Phone # (____) _____

Will he or she be on site? (Yes / No)

Relation: _____ (Alternate Phone): _____

Address: _____

Prescription Medications: _____

Special Medical Conditions _____

Insurance Information Carrier: _____ ID Number: _____ Group: _____

Subscriber: _____

Mark Yes or no for each condition

	Yes	No		Yes	No		Yes	No	
Asthmatic			Hemophiliac			Hearing Impaired			
Hypertension			Contacts			Dentures			
Diabetic			Pregnant			Epileptic			
Allergies - Penicillin			Other Allergies						

Car Information

Make _____ Model _____ Year _____ Color _____

Engine Displacement _____ Turbo or Supercharger (yes / no) NHA Class _____

We are always looking for volunteers. They are the unsung hero's that allow the driver to do what he or she loves to do. If you know someone (family, friend, crew) that would be willing to work for a day, we have a deal for them! People who will work (non-competitors) all day on Saturday or Sunday will get a free lunch the day they work and if they work both days a free Saturday night BBQ dinner. Please fill out volunteer form the day of the event.

Driver #2

Name _____ Home Phone # (____) _____ Age _____

Address _____ City _____ State _____ Zip _____

Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____

E-mail _____ Cell/Mobile Phone # (____) _____

Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____

Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name _____ Phone # (____) _____

Will he or she be on site? (Yes / No)

Relation: _____ (Alternate Phone): _____

Address: _____

Prescription Medications: _____

Special Medical Conditions _____

Carrier: _____ ID Number: _____ Group: _____

Subscriber: _____

	Yes	No		Yes	No		Yes	No	
Asthmatic			Hemophiliac			Hearing Impaired			
Hypertension			Contacts			Dentures			
Diabetic			Pregnant			Epileptic			
Allergies - Penicillin			Other Allergies						

Entry Fee Schedule (all monies U.S.)

2-day entry - No. of drivers ___ @ \$90 ea. (\$100 ea. if postmarked after July 31) \$ _____
(Note: All 2-day entries include 1 Saturday night BBQ dinner per paid entrant)

Saturday only entry - No. of driver ___ @ \$50 ea. (\$60 ea. if postmarked after July 31) \$ _____

Sunday only entry - No. of drivers ___ @ \$45 ea. (\$55 ea. if postmarked after July 31) \$ _____

T-Shirts (Qty ea. size) ___ Med ___ Lg ___ XL @ \$17.00 ea
___ XXL ___ XXXL @\$19.00 \$ _____

Sweat Shirts (Qty ea. Size) ___ Med ___ Lg ___ XL @\$23.00ea
___ XXL ___ XXXL @\$25.00 \$ _____

Lunches (available prepaid only) Sat. _____, Sun. _____ @ \$6.00 ea. \$ _____

Additional BBQ Dinners (Saturday night only) No. of people ___ @ \$18.00 ea. \$ _____

Please drop me a line or send me email if possible to insure T-shirt size & dinner.
We have to order before registration closes.

TOTAL \$ _____

Driver #1

Name _____

Driver #2

Name _____

Drivers must read, sign, and date

___ I hereby affirm that I have a valid drivers license and that I am of legal age (18 years) or older.

___ I currently hold a valid driver's license.

___ I agree to abide by all of the rules and regulations governing this event.

___ I further agree to use the course of this event at my own risk, and do hereby release, discharge, and hold harmless the Willamette Motor Club, Inc., together with its assignees, officers, agents, employees, officials, and their successors, from all liability for personal injury that may be received by this entrant, and from all claims and demands to personal property growing out of, resulting from, or caused by this event, and construction or condition of the course over which this event is held.

___ I have read all of the above, all attached and/or posted rules and regulations governing this event, and agree to the terms therein.

___ Refunds at the discretion of the Event Chairman and are final. Submitted requests will be processed after the event.

___ An approved NHA decal is required on the car. If you need one, they will be available on site for a small fee.

Driver #1 Signature _____ Date _____

Driver #2 Signature _____ Date _____

For more information see our website (www.wmclub.org) or contact Stephanie Harris @ (503) 949-9280 or email secretary@wmclub.org